



REDACTED – FOR PUBLIC INSPECTION

June 19, 2017

Via Electronic Filing

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 14-58
2017 ETC Annual Report Pursuant to 47 C.F.R. § 54.313 and 54.422
2017 ETC Annual Report of Citizens Tel. Corp., Study Area Code 320751

Dear Secretary,

On behalf of Citizens Tel. Corp., we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. Citizens Tel. Corp. seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1) and Section 54.313(f)(2) of the Commission's regulations¹. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

/s/ Leah Richter
Senior Financial Analyst
Phone: (605) 995-1793
Fax: (605) 995-1778
Leah.Richter@Vantagepnt.com

Enclosure(s)

cc: Joanie Paxson, General Manager, Citizens Tel. Corp
Charles Tyler, Telecommunications Access Policy Division

¹ *Connect America Fund et al., WC Docket No. 10-90 et al., Protective Order, 27 FCC Rcd 14231 (Wireline Comp. Bur. 2012) (Protective Order).*

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

REDACTED-FOR PUBLIC INSPECTION

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	320751
<015> Study Area Name	CITIZENS TEL CORP
<020> Program Year	2018
<030> Contact Name: Person USAC should contact with questions about this data	Leah Richter
<035> Contact Telephone Number: Number of the person identified in data line <030>	6059951793 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	leah.richter@vantagepnt.com
Form Type	54.313 and 54.422

**(300) Unfulfilled Service Request
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	320751
<015> Study Area Name	CITIZENS TEL CORP
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Leah Richter
<035> Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

<300> Unfulfilled service request (voice)

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

Name of Attached Document

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	10.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	30.0
<450>	Complaints per 1000 customers for mobile broadband	

**(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
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<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
		320751in510.pdf
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

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**(600) Functionality in Emergency Situations
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	320751in610.pdf

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	320751
<015> Study Area Name	CITIZENS TEL CORP
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Leah Richter
<035> Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

(1000) Voice and Broadband Service Rate Comparability Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	320751
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 320751in1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 320751in1030.pdf

Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
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<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
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<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
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<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	320751in1210.pdf Name of Attached Document
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<1220>	Link to Public Website	HTTP citznet.com/content/telephone-service
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“Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
|--------|---|-------------------------------------|
- | | | |
|--------|--|-------------------------------------|
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
|--------|--|-------------------------------------|
- | | | |
|--------|--|-------------------------------------|
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |
|--------|--|-------------------------------------|

(2005) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	320751
<015> Study Area Name	CITIZENS TEL CORP
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<039> Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<p><2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.</p>	<input style="width: 100px; height: 20px;" type="text"/>	
<p><2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.</p>	<input style="width: 100px; height: 20px;" type="text"/>	
<p><2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.</p>	<input style="width: 100px; height: 20px;" type="text"/>	
<p><2024A> Round 2 Recipient of Incremental Support?</p>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 200px; height: 50px;" type="text"/>
<p><2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.</p>	<p>Name of Attached Document Listing Required Information</p>	<input style="width: 200px; height: 50px;" type="text"/>
<p><2025A> Round 2 Recipient of Incremental Support?</p>	<input style="width: 100px; height: 20px;" type="text"/>	
<p><2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).</p>	<p>Name of Attached Document Listing Required Information</p>	<input style="width: 200px; height: 50px;" type="text"/>
<p><2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)</p>		<input style="width: 100px; height: 20px;" type="text"/>

(2005) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

**(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	320751
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<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009) Progress Report on 5 Year Plan
Carrier certifies to 54.313(f)(1)(iii)

Yes - Attach Certification

(3010A) Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)} 320751in3010.pdf

(3010B) Please Provide Attachment Name of Attached Document Listing Required Information

(3012A) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} No - No New Community Anchors

(3012B) Please Provide Attachment Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (Yes/No)

(3014) If yes, does your company file the RUS annual report (Yes/No)

Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers

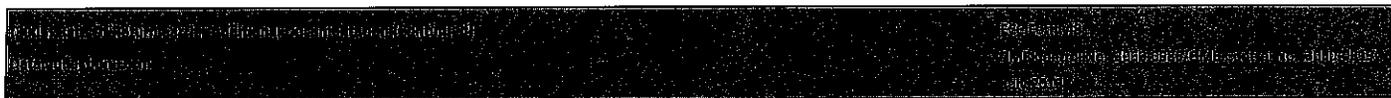
(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information Name of Attached Document Listing Required Information 320751in3026.pdf

REDACTED-FOR PUBLIC INSPECTION



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<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends



**(4005) Rural Broadband Experiment Additional Documentation
Data Collection Form**

**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013**

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<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
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<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year. Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481. Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area. Name of Attached Document Listing Required Information _____

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	320751
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<039> Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	CITIZENS TEL CORP
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/19/2017
Printed name of Authorized Officer:	Joanie Paxson
Title or position of Authorized Officer:	Secretary/Office Manager
Telephone number of Authorized Officer:	2603752111 ext.
Study Area Code of Reporting Carrier:	320751 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.</p>	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.</p>	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

Attachments

CERTIFICATION OF CITIZENS TELEPHONE CORPORATION**Reporting Period January 1 – December 31, 2016****Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules.

Carrier completes installation requests and responds to service orders from existing locations within 24 business hours of the request. Carrier completes installation requests and responds to service orders to new locations within no longer than 2 business days of the request, as new facilities have to be buried. Carrier provides bill notification 30 days in advance of any customer rate changes. Carrier provides notice to customers of their billing practices through their customer service agreement located on their Carrier's website and in their retail office. Notice is also provided in their telephone directory which is updated annually. Carrier's procedures for receiving emergency calls during non-business hours include forwarding the emergency calls to the on-call central office technician who then follows Carrier's Disaster Recovery Plan calling order to remedy the situation.

Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Attached are copies of Carrier's customer application which includes matters related to customer privacy. Also attached is Carrier's Phone Directory information related to customer privacy. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on June 5, 2017.

/s/ Joanie Paxson

Joanie Paxson, General Manager, Citizens Telephone Corporation

SAC: 320751

CERTIFICATION OF CITIZENS TELEPHONE CORPORATION**Reporting Period January 1 – December 31, 2016****Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Carrier is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier has generators for power reserve in their Central office and Liberty Center Office. Carrier's rural Remotes each have up to 8 hours battery backup and Carrier also has 2 portable 50kW generators to service the Rural Remotes in the event of an extended outage. Battery charging takes 2 hours which allows time to charge and move to another remote if needed. This backup enables it to provide service for a reasonable period of time if external power is lost. Carrier's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged. Carrier also has in place a Disaster Recovery Plan, which has been reviewed, approved and adopted by the Board of Directors and Carrier.

I verify that the foregoing is true and correct. Executed on June 5, 2016.

/s/ Joanie Paxson

Joanie Paxson, General Manager, Citizens Telephone Corporation

SAC: 320751

CERTIFICATION OF CITIZENS TELEPHONE CORPORATION**Reporting Period January 1 – December 31, 2016****47 CFR 54.313(a)(10) - Voice Services Rate Comparability**

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is \$49.51. This was published in the FCC's Public Notice, WC Docket No. 10-90, DA 17-167, released February 14, 2017. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2017 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 5, 2017.

/s/ Joanie Paxson

Joanie Paxson, General Manager, Citizens Telephone Corporation

SAC: 320751

CERTIFICATION OF CITIZENS TELEPHONE CORPORATION

Reporting Period January 1 – December 31, 2016

47 CFR 54.313(g) – Broadband Services Rate Comparability

Pursuant to 47 CFR 54.313(g) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's broadband services is no more than two standard deviations above the applicable national average urban rates for broadband service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The following table was published in the FCC's Public Notice, WC Docket No. 10-90, DA 17-167, released February, 2017. The table provides the 2017 benchmark for a number of different broadband service offerings.

Download Speed (Mbps)	Upload Speed (Mbps)	Usage Allowance (GB)	Benchmark
10	1	100	\$76.47
10	1	150	\$76.97
10	1	250	\$77.37
10	1	Unlimited	\$77.98
25	3	250	\$89.92
25	3	Unlimited	\$90.53
25	5	250	\$90.16
25	5	Unlimited	\$90.76

I verify that the foregoing is true and correct. Executed on June 5, 2017.

/s/ Joanie Paxson

Joanie Paxson, General Manager, Citizens Telephone Corporation

SAC: 320751

(1200) Terms and Conditions for Lifeline Program Consumers

Study Area Code: 320751

Study Area Name: Citizens Telephone Corporation

Citizens Telephone Corporation publishes Lifeline Information in their phone directory, advertises in the local newspapers and also publishes information within their yearly newsletter.

Citizens Telephone Corporation's Rates and Pricing <http://www.citznet.com/content/telephone-service>

Frequently Asked Questions on Citizens Telephone Corporation's website <http://www.citznet.com/content/faq> :

Q. Are there programs available to help make telephone service more affordable for low-income customers? How is eligibility determined, and where can I apply?

A. Federal and state lawmakers believe that every person in America should have access to quality, affordable telecommunications service. If you participate in social programs, such as Supplemental Security Income (SSI), Food Stamps, Low Income Home Energy Assistance (LIHEAP), Temporary Assistance to Needy Families (TANF), Medicaid, Federal Public Housing Assistance, National School Lunch Program or if your household income is below a certain threshold level, you may qualify for a discount on your telephone bill. This "universal service" system includes:

- Lifeline assistance - provides discounts for basic monthly local telephone service
- Link-up - reduces the cost of initiating new telephone service

Eligibility for these programs varies by federal and state guidelines. To find out whether you qualify, you need to fill out standard forms available at our office and other state and local government offices in the area. While we participate in these federal and state programs based support programs, we are not responsible for determining who qualifies, and therefore who receives assistance. Customers must meet specific, pre-determined regulations in order to obtain assistance with their local telephone service.

The Universal Service Administration lists full details and state-specific Lifeline contact information, at www.lifelinesupport.org. Or you can call toll free, 1-888-641-8722, if you have questions about the Lifeline and Link-up discounts.

LIFELINE PROGRAM (NEW BENEFIT) APPLICATION FORM

To receive a Lifeline Program Benefit you must complete and return this form. If the form is incomplete/illegible, your monthly Lifeline discount will be denied. If you do not provide verification/documentation that you qualify under one of the programs listed in Section 2 of this form, your monthly Lifeline discount will be denied. By completing this form and receiving the benefit, you acknowledge all statement to be true.

I am requesting the benefit be applied to:	Phone Account	Broadband Acct	(Check One Only)
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Section 1 of 3: Subscriber Information

1. First Name:	2. Last Name:
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3. Lifeline Supported Account Number:	4. Date of Birth (mm/dd/yyyy):
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5. Last 4-digits of SSN:	6. Last 4-digits of Tribal Identification Number (if no SSN):
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7. I reside on Tribal Lands:*	Yes	No	(Check One)
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* Tribal lands include any federally recognized Indian tribe's reservation, pueblo or colony, including former reservations in Oklahoma; Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688); Indian allotments; Hawaiian Home lands - areas held in trust for Native Hawaiians by the State of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1291, 42 Stat. 108, et. seq., as amended; and any land designated as such by the Commission for purposes of this subpart pursuant to the designation process (47.C.F.R. 54.412)

Subscriber's address of primary residence (no P.O. Box)

8. Street Address:	9. Apt # (if applicable):
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10. City:	11. State:	12. Zip:
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13. Is this a temporary address?:	Yes	No	(Check One)
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Billing Address, if different from service address above (may include P.O. Box):

14. Street Address or P.O. Box:	15. Apt # (if applicable):
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16. City:	17. State:	18. Zip:
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Section 2 of 3: Eligibility for Lifeline

Complete this section to indicate that you, a dependent, or a household** member receives benefits from at least one qualifying federal program or qualifies through income requirements. (** A household is any individual or group of individuals who live together at the SAME address and SHARE income and expenses.)

Complete this section if you qualify through a program	Complete this section if you qualify through income			
Check all programs you/your household participates in:	My household income is at, or below the amount listed for my state and household size on the chart below. Including myself, my household size is:			
	Household Size	48 Contiguous States and D.C.	Alaska	Hawaii
Supplemental Nutrition Assistance Program (Snap)				
Supplemental Security income (SSI)				
Medicaid				
Federal Public Housing Assistance	1	\$16,281	\$20,331	\$18,711
Veterans Pension & Survivors Benefit Programs	2	\$21,924	\$27,392	\$25,205
Tribal- Specific Programs	3	\$27,567	\$34,452	\$31,698
Bureau of Indian Affairs Beneral Assistance	4	\$33,210	\$41,513	\$38,192
Tribally-Administered Temporary Assistance for Needy Families (TTANF)	5	\$38,853	\$48,573	\$44,685
	6	\$44,496	\$55,634	\$51,179
Food Distribution Program on Indian Reservations (FDIPIR)	7	\$50,139	\$62,694	\$57,672
	8	\$55,782	\$69,755	\$64,166
Head Start (only households that meet the income qualifying standard)	Each additional member, add:	\$5,643	\$7,061	\$6,494

Section 3 of 3: Required Certifications: (All boxes must be initialed. Missing initials will result in incomplete form.)	
Initials are Required:	I hereby certify under penalty of perjury that the following statements are true:
Initial Here	1. I (or my dependent or other member of my household) currently receive (s) benefits from the federal program (s) identified or my annual household income is at or below 135 percent of the Federal Poverty Guidelines (or the amount that applies to my state as indicated in the chart on page 1).
Initial Here	2. I understand that I must notify my service provider within 30 days (1) of my new address if I move or (2) if for any reason I no longer satisfy the criteria for receiving lifeline benefits including: (a) I, or the eligible person in my household, no longer meet the program or income eligibility criteria or (b) my household receives more than one Lifeline discounted service (i.e., more than one Lifeline broadband service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband services).
Initial Here	3. I acknowledge that my household can only receive one Lifeline Program benefit and, to the best of my knowledge, my household is not receiving more than one Lifeline Program benefit (i.e., only receiving a benefit for one home phone service or for one mobile phone service, but not both).
Initial Here	4. I agree that my service provider may transmit to the Administrator of the National Lifeline Accountability Database my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, the last four digits of my Tribal Identification Number, the account number that is associated with the Lifeline Program benefit, the date on which the Lifeline program service began, the date on which the Lifeline Program benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline Program benefit. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Lifeline Program benefits.
Initial Here	5. All of my responses and acknowledgements provided on this certification form are true and correct to the best of my knowledge.
Initial Here	6. I acknowledge that willingly making false statements or providing false or fraudulent information to obtain Lifeline Program benefits is punishable by law and can result in fines, imprisonment, de-enrollment, or being barred from the program.
Initial Here	7. I may be required to recertify my continued eligibility at any time and failure to recertify my eligibility for the Lifeline Program will result in my removal from the Lifeline Program and termination of my Lifeline benefit.
Initial Here *	8. I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, as I live on Tribal lands as defined in Section 54.400 (e) of the Lifeline rules. *(Initial only if you checked yes in box 7 on page 1.)

Lifeline is a federal benefit that makes monthly telephone and broadband service more affordable for eligible households. Your household may receive the Lifeline benefit for telephone service OR broadband service, but not both. For Lifeline telephone service, your household may receive the Lifeline benefit for one mobile OR one fixed home telephone service, but not both. For lifeline broadband service, your household may receive the lifeline benefit for one mobile broadband OR one fixed broadband service, but not both. Your household may not receive the Lifeline benefit from more than one service provider. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. Lifeline is a non-transferable benefit. You may not transfer your Lifeline benefit to another person, even if he or she is eligible. you will lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive the Lifeline benefit.

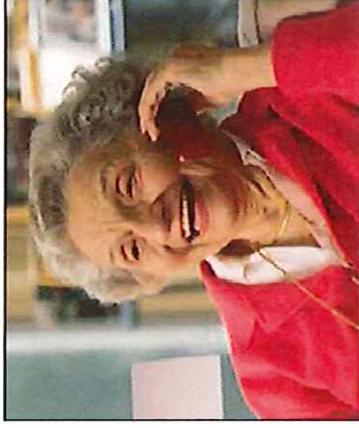
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Signature Of Person Listed In Section 1

Today's Date

Yes, you can afford service!

The LIFELINE PROGRAM helps companies offer discounts to subscribers, which lowers the cost of their monthly telephone or broadband service. You are eligible to receive a discount on only one service; a landline, wireless or broadband account.



LIFELINE ASSISTANCE PROGRAM



What are the restrictions?

Lifeline discounts will only apply toward the basic residential telephone or broadband service. This discount is available for only one service per household. If you are receiving this discount from another provider, it is not available from Citizens Telephone. Applicant must reside at the location for which the service is provided.

How do I verify eligibility?

Applicants who qualify must show proof of participation in one of the eligibility programs or income based eligibility. Proof can be obtained by bringing the necessary documents to Citizens Telephone office. This could include your benefit ID card, copy of eligibility letter from authorized agency or prior year's statement of benefits. Annual recertification will be required to remain on Lifeline.

How do I sign up?

Applications are available at Citizens Telephone's office.



Citizens Telephone Corporation
 426 N Wayne St
 PO Box 330
 Warren IN 46792
 260-375-2111
www.citznet.com

Updated 12/2/2016



PROGRAM BASED ELIGIBILITY

You must provide proof of participation in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance (Food Stamps)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance Section 8
- Veteran’s Pension Benefit
- Survivor’s Pension Benefit

Every person in America should have access to quality, affordable communication service. The principle of “Universal Service” has been the goal of the telecommunications industry for decades. In 1934, the federal government codified the goal and reaffirmed it in 1996 by establishing policies for the “preservation and advancement of Universal Service.”

To achieve the Universal Service goal, carriers have access to a fund that is generated by contributions from the communications providers in the United States. Telecommunications companies draw from the fund to provide programs that support services nationwide. Lifeline Assistance Program is a part of the Fund’s Low Income Program. Toll Limitation Service is another program available to low income subscribers to help them control what they spend on telephone long distance service. Lifeline and Toll Limitation support provides discounts to eligible low income consumers to help them establish and maintain telephone service. In December 2016 broadband service has been added to the list of service offerings.

INCOME BASED ELIGIBILITY

Calculate the total household income by adding the income from all adult persons in the household in the below categories to see if you qualify:

Wages	
Social Security Benefits	
Retirement Benefits	
Alimony	
Child Support	
Unemployment Benefits	
Worker’s Compensation	
TOTAL	

Household Size	Yearly Income
1	\$16,038
2	\$21,627
3	\$27,216
4	\$32,805
5	\$38,394
6	\$43,983
7	\$49,586
8	\$55,202

For each additional person, add \$5,616

You must provide proof of income. Examples include your prior year’s income tax return or most recent statements from each type of current income sources noted above.

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citiznet.com/content/telephone-service

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- [CPNI Privacy Statement](#)
- [Federal Communications Commission \(FCC\)](#)
- [Indiana Utility Regulatory Commission \(IURC\)](#)
- [Office of Utility Consumer Counselor \(OUCC\)](#)
- STOP TELEMARKETERS
 - Register on the FCC's [No Call List](#) and
 - [Indiana's Telephone Privacy](#)
- [Indiana Telecommunications Association \(ITA\)](#)
- [Indiana Exchange Carrier Association \(INECA\)](#)
- [Indiana Fiber Network \(IFN\)](#)
- [Indiana Underground](#)
- (Call before you dig. 1-800-382-5544 At least 2 days before. It's the law!)
- [Telephone Assistance Programs for Low Income Households](#)

Abbreviated Dialing Codes

- 211 Community Information
- 411 Directory Assistance
- 711 Telecommunications Relay Services for Deaf, Hard-of-Hearing, or Speech-Impaired
- 811 Indiana Underground Plant Protection Service (IUPPS) "Call

CERTIFICATION OF CITIZENS TELEPHONE CORPORATION**Reporting Period January 1 – December 31, 2016****Sec. 54.313(f)(1)(i) Milestone Certification**

Pursuant to § 54.313 f)(1)(i) for Rate-of-Return Carriers, Carrier hereby certifies it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

I verify that the foregoing is true and correct. Executed on June 6, 2017.

/s/ Joanie Paxson

Joanie Paxson, General Manager, Citizens Telephone Corporation

SAC: 320751

REDACTED - FOR PUBLIC INSPECTION

CITIZENS TELEPHONE CORPORATION (SAC 320751)

ATTACHMENT LINE 3026

Financial Reports

Pursuant to 47 C.F.R § 54.313(f)(2)

ATTACHMENT REDACTED IN ENTIRETY